

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT 42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY

RECEIVED

JAN 09 2012

AT & GO  
WILLIAM T. WALSH  
CLERK

Jason Marinari #200706 BR.

(Enter above the full name of the plaintiff in this action)

Civil Action No. \_\_\_\_\_  
(To be supplied by the clerk of the court)

V.

ATlantic Care  
hospital

(Enter above the full name of the defendant in this action)

**INSTRUCTIONS -- READ CAREFULLY**

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction descends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.

5. Upon receipt of a fee of \$120.00, your complaint will be filed. You will be responsible for services of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedures.
6. If you do not have the necessary filing fee, you may request permission to proceed in forma pauperis, in which event you must execute the application accompanying this form, setting forth information establishing your inability to prepay the fees and costs or give security therefor. If you wish to proceed in forma pauperis, you must also submit a certified copy of your trust fund account statement (or institutional equivalent) which must reflect all deposits on your account for the 6-month period immediately preceding submission of this application, obtained from the appropriate official of each prison at which you are or were confined.
7. If you are given permission to proceed in forma pauperis, you may be required to pay an initial filing fee. If so, no complaint will be filed unless this initial filing fee is paid. You will also be required to make monthly payments of 20 percent of the preceding month's income credited to your account. The Department of Corrections shall forward payments from your account to the Clerk each time the amount in the account exceeds \$10 until the filing fee is paid. The Clerk will prepare and issue a copy of the summonses and the copies of the complaint which you have submitted shall be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete in full and return the forms to the Marshal.
8. Applications for leave to proceed in forma pauperis which do not conform to these instructions will be returned by the Clerk with a notation as to the deficiency.

### QUESTIONS TO BE ANSWERED

1. Previous Lawsuits
  - (a) Have you filed any other suits in federal or state court since you were imprisoned?  
[ ☒ ] Yes [ ] No
  - (b) If your answer to (a) is "Yes", describe the lawsuit in the spaces below. (if there is more than one suit, describe the additional suits on a separate sheet, answering the same question for each suit.
    - i. Parties to previous suit:

Plaintiffs:

Jason MARINARI

Defendants:

TRUMP Plaza hotel and casino  
Security guards 2nd shift 4PM-12AM

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ii. Court (If Federal court, name the district, if state court, name the County) District of New Jersey

iii. Docket Number: 1

iv. Name of Judge to whom case was assigned: N/A

v. Disposition (for example: Was the suit dismissed? Was there an Appeal? it still pending?) Still Pending

vi. Approximate date of filing suit: 12-9-2011

vii. Approximate date of disposition: N/A

viii. Issue in previous suit? N/A

Is

2. Place of present confinement? Atlantic County Justice Facility

3. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for the additional plaintiffs. If any.)

A. Name of plaintiff: JASON MARINARI  
~~Trump Plaza Hotel and Casino~~

Address: ~~Pacific Ave Atlantic City New Jersey~~

5060 Atlantic Ave Mays Landing New Jersey 08330

Inmate Number: #200706

B. First Defendant -- name: Trump Plaza Hotel and Casino

Official Position: Security guards 2nd shift 4pm-12am

Place of employment: Trump Plaza Hotel and Casino

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How is this person involved in the case? (i.e., what are you alleging that this person did or did not do that violated your constitutional rights?) The

Between 7:30pm and 8:30pm Atlantic care ambulance driver breached on 9-23-11  
 at approx 8:30pm Procedure By letting The security guards  
 from Trump Plaza get in the ambulance  
 with them and they let them tasser me with a stungun  
 because of my injury's I went to Shore memorial hospital and ended up  
 with a bill of \$18,322.00  
 C. If there is more than one defendant, attach a separate sheet. For each specify: (1) Name, (2) Official position, (3) Place of employment, and (4) Involvement of the defendant.

#### 4. Statement of claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

The Atlanticcare <sup>Ambulance</sup> ~~Ambulance~~ driver  
 on Friday September 23<sup>rd</sup> 2011 let the Between  
 The hrs of 7:30pm to 8:30pm Security guards from Trump Plaza hotel and  
 Casino tasser me with a stungun on and  
 off for a undetermined amount of time  
 before taking me to Atlanticcare hospital  
 because of this happening I ended up  
 having to stay at Shore memorial  
 hospital from 9-24-2011 - 9-26<sup>th</sup> 2011 because of  
 my ~~injury's~~ injury's and ended up  
 with a hospital bill of \$18,322.00 I felt  
 I was not <sup>Taken</sup> ~~Taken~~ care of properly and did  
 not receive proper medical attention.

5. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I would like The Court to pursue those responsible for Persecuting me and Not <sup>giving</sup> ~~giving~~ me proper ~~medical~~ medical ~~attention~~ attention at atlantic care hospital on friday September 23<sup>rd</sup> 2011 due To ~~These~~ The Injury's I recieved I ended up at Shore memorial hospital from Saturday September 24<sup>th</sup> 2011 untill Monday September 26<sup>th</sup> 2011 and a Bill of \$18,322.00

6. Do you request a jury or a non-jury trial? (Check only one)

☒ Jury Trial

☐ Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22<sup>nd</sup> day of December, 2011

Jason Mairani  
Signature of Plaintiff

EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT.

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UNITED STATES DISTRICT COURT  
For the  
DISTRICT OF NEW JERSEY

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT  
**RECEIVED**

Plaintiff (1)

V.

Defendant (s)

Civil Action Number 12-30 M  
WILLIAM T. WALSH  
CLERK

I, Jason Marinari, declare that I am the (check appropriate box)

☒ Plaintiff ☐ Other

In the above entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the compliant.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ yes ☐ no

If "yes" state the place of your incarceration Atlantic County Justice facility

Are you employed at the institution? NO Do you receive payment from this institution? NO

2. Are you currently employed? ☐ yes ☒ no

A. If the answer is "yes" state the amount of your take home salary or wages and pay period and give the name and address of your employer: \_\_\_\_\_

B. If the answer is "no" state the date of you last employment, the amount of your take home salary or wages and pay period and the name and address of your last employer: Ramano Rubbish Removal I was in

The montgomery county correctional facility

work release program I ~~earned~~ ~~the~~ earned

APPOX. 200.00 per week

M.C.C.F. inc  
60 eagleville  
Norristown  
PA 19403

3. In the following twelve months have you received any money from any of the following sources?

A. Business, profession or other self-employment	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
B. Rent payments, interest or dividends	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
C. Pensions, annuities or life insurance payments	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
D. Disability or workers compensation payments	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
E. Gifts or inheritances	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
F. Any other sources	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ yes ☒ no

If "yes" state the total amount and the location and number of the account(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ yes ☒ no

If "yes" describe the property and state its value. \_\_\_\_\_

\_\_\_\_\_

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. none

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

December 22<sup>nd</sup> 2011  
Date

Jason Marimon  
Signature of Applicant

Sworn to and subscribed before me this 22<sup>nd</sup> day of December, 20 11

\_\_\_\_\_  
Notary Public of the State of New Jersey



FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT

Jason Marinari

(Enter above the full name of the  
plaintiff in this action)

Vs.

Atlantic Care  
hospital

(Enter above the full name of the defendant or  
Defendants in this action)

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relative to your imprisonment? Yes ( ) No ( )
- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using same outline.)

1. Parties to previous lawsuit:  
Plaintiffs

~~Atlantic Care~~

Trump Plaza

hotel and casino

Defendants 2nd shift security 4PM 12AM shift

2. Court (if federal court, name the district. New Jersey

If state court, name the county.) \_\_\_\_\_

3. Docket number 1

4. Name of judge to whom case was assigned N/A

5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending?) Still pending



6. Approximate date of filing lawsuit 12-9-2011

7. Approximate date of disposition N/A

II. Place of present confinement Atlantic County Justice facility

A. Is there a prisoner grievance procedure in this institution? [ ] yes [x] no

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? [ ] yes [x] no

C. If your answer is yes,

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

D. If your answer is no, explain why not It was Just Brought

To my attention I had 2 years to file for this

E. If there is no prison grievance procedure in the institution did you complain to prison authorities? [ ] yes [x] no

F. If your answer is yes,

1. What steps did you take? N/A

2. What was the result? N/A

### III. Parties

(in item A below, place your name and prison identification number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Jason Marinari

Address 5060 Atlantic Ave Mays Landing NJ 08330

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

B. Defendant 2nd Shift Security<sup>4pm-12AM</sup> is employed at Atlantic Care  
hospital at \_\_\_\_\_

c. The staff at Atlantic care hospital  
on 2 September 23rd 2011 are  
responsible for not giving me proper med.  
attention

#### IV. Statement of claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

The ~~ambulance~~<sup>ambulance</sup> driver on September  
23rd Friday 2011 Breached Procedure by  
letting 2 security guards in the ambulance  
and ~~for~~ letting them Tasser me  
with a stun gun for an ~~undetermined~~<sup>undetermined</sup>  
amount of time Because of my Injury's  
Received in ~~the~~ this I ended up with  
a ~~hospital~~ hospital Bill from Shore memorial  
of \$ 18,322.00

#### V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

I would like the court To Pursue

Those ~~Responsible~~ Responsible  
for Tassering me with a son gun  
on and off for a ~~undetermined~~ <sup>undetermined</sup>  
amount of time because ~~of~~ <sup>of</sup> my injury's of  
~~this~~ this incident I ~~ended~~ ended up at shore memorial hospital with a  
Signed this 22<sup>nd</sup> day of december, 20 11. Bill of \$18,322.00

Jason Marinari  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct

12-22-11

(Date)

Jason Marinari  
(Signature of Plaintiff)